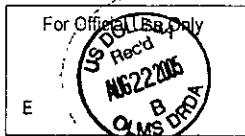


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12829</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Dorothy</u> <u>L</u> <u>Siniscalchi</u> P.O. Box, Bldg., Room No., if any Street <u>1965 Dixwell Avenue</u> City <u>Hamden</u> State <u>Connecticut</u> ZIP Code + 4 <u>06514</u>	4. Name, file number, and address of labor organization. Name <u>International Union of Operating Engineers 478</u> Labor Organization File Number <u>042-729</u> P.O. Box, Building and Room Number, if any Street <u>1965 Dixwell Avenue</u> City <u>Hamden</u> State <u>Connecticut</u> ZIP Code + 4 <u>06514</u>
5. Position in labor organization. <u>Controller</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Dorothy Siniscalchi

On

8/12/2005

Date

203/288-9261

Telephone Number

Name of Person Filing Dorothy Siniscalchi

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name I.U.O.E. Local 478 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut ZIP Code + 4 06514

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Connecticut ZIP Code + 4

11.a. Nature of such dealing.

The Health Fund provides health benefits to eligible participants and dependents of members, and employees of the I.U.O.E. Local 478

** See 2004 Forms 5500 and 990

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of expenses incurred while attending an Educational Seminar

12.b. Amount.

\$2,440

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name I.U.O.E. Local 478 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut

ZIP Code + 4 06514

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.U.O.E. Local 478

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut

ZIP Code + 4 06514

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

The Health Fund provides health benefits to eligible participants and dependents of members, and employees of the I.U.O.E. Local 478.

**See Forms 5500 and 990

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Salary

12.b. Amount.

\$81,270

Name of Person Filing Dorothy Siniscalchi

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Schultheis & Panettieri

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 210 Marcus Boulevard

City Hauppauge

State New York

ZIP Code + 4 11788-3701

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.U.O.E Local 478 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1965 Dixwell Avenue

City Hamden

State Connecticut

ZIP Code + 4 06514

11.a. Nature of such dealing.

Schultheis & Panettieri, LLP provides the Fund with audit and consulting services

11.b. Approximate dollar value of such dealing.

\$62,982

12.a. Nature of interest held or income received.

Business lunch attended

12.b. Amount.

\$28